WE-THRIVE measures in one residential long-term care setting in a frontier community in the rural Midwest, and the capacity for administrative leadership to draw upon results of measures to implement person-centered care post-pandemic. During the COVID-19 pandemic, early efforts to advance person-centered care in the setting were displaced by a focus on infection control and containment. WE-THRIVE measures assess person-centered care following immunization distribution, and are discussed in terms of how to develop a dashboard to 'de-escalate' a COVID-19 focus and rebuild momentum towards person-centered care. Particular attention is given to the context of measurement, including data sharing and measurement burden, to inform advancing person-centered long-term care in other frontier communities.

PERSPECTIVES TOWARD LONG-TERM CARE MEASUREMENT FROM FRONTLINE WORKERS IN BRAZIL

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The Brazilian long-term care (LTC) sector remains poorly structured and underdeveloped. COVID-19 did not bring unprecedented focus to the sector just because of the high mortality; it also affected the quality of care. In this pilot study, we evaluated the perspectives toward WE-THRIVE LTC measurements from Brazilian frontline workers in five long-term care facilities. For the four WE-THRIVE domains of LTC measurement (workforce and staffing, person-centered care, organizational context, and care outcomes), respondents used a 4-point Likert scale to rate their importance and answered open-ended questions about how these aspects of care changed since COVID-19. With few exceptions, respondents rated these aspects of LTC as extremely important or very important. Qualitative results highlighted concerns about and impacts of COVID-19, such as challenges related to the isolation of residents. The assessed measurement domains are confirmed to be important by frontline staff in Brazil. Measurement adoption must account for current issues.

PERSPECTIVES TOWARD PERSON-CENTERED LONG-TERM CARE IN CHINA

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Health care aides provide direct care for older residents with advanced dementia in long-term care facilities. This study aims to understand care aides’ perceptions of what is ‘good’ care, what is person-centered care, and how to provide person-centered care for older residents with advanced dementia, as preparatory work of the WE-THRIVE consortium’s efforts to develop internationally-relevant common data elements of person-centered dementia care and launch comparative research in LMICs. Semi-structured interviews were conducted with health care aides (N=35) from 2 government-owned and 2 private long-term care facilities in urban China. Directed and conventional content analysis were used, drawing upon core constructs of person-centered dementia care and Nolan’s (2006) senses framework. We found that although care aides were not trained in person-centered care, they did incorporate person-centeredness in their work by tailoring their care to the needs of older residents and facilitating interactions with residents and their peers through communication cues.

Session 2105 (Symposium)

MOBILITY PERFORMANCE IN OLD AGE: A WINDOW INTO BRAIN INTEGRITY
Chair: Qu Tian Co-Chair: Andrea Rosso Discussant: Caterina Rosano

Over two decades of research has established brain aging as a critical component of mobility decline. Studies consistently report that motor slowing predicts cognitive decline and neurodegenerative diseases, but reported associations are often modest. Both mobility and brain aging are complex processes and steady-state assessments are typically used (usual pace gait and structural MRI). We aim to elucidate the complex relations between brain aging and mobility by considering (a) strategies to maintain function such as interfacing periods of activity and rest (fractionation), (b) interventions that target brain and body (motor skill training), (c) multimodal neuroimaging (functional connectivity and cerebral small vessel disease (cSVD)), (d) challenged walking (dual-tasks, uneven surfaces), and (e) reduced resources (hearing loss). This symposium focuses on community-dwelling older adults from observational and intervention studies using state-of-the-art and real-life assessments of gait (quality and fragmentation by tri-axial accelerometer) and brain (near-infrared spectroscopy (fNIRS), resting-state functional MRI). First, we examine activity strategies that modify the relation between slow gait and AD risk (Tian). Second, using fNIRS, we investigate the extent to which motor skill training increases automaticity of gait (Chen). Third, we examine how functional connectivity may compensate for the detrimental effects of cSVD on mild parkinsonian signs (Hengenius). Fourth, we investigate the effects of challenged walking on gait quality and the relation with cognitive function (Suri). Finally, we demonstrate relations of hearing and cognition with mobility (Pupo). We seek to generate discussions on shared pathways underlying motor slowing and the aging brain and future prevention and intervention strategies.

ACTIVITY FRACTIONATION MODERATES THE RELATIONSHIP OF GAIT SPEED WITH ALZHEIMER’S DISEASE RISK

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